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SEP 02 2005

Docket No.: 4006-265

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of

Wei-Chih CHANG *et al.*

Confirmation No. 8657

U.S. Patent Application No. 10/656,122

Group Art Unit: 2871

Filed: September 8, 2003

Examiner: George Y. Wang

For: METHOD FOR FORMING DIFFERENT LIQUID CRYSTAL TWIST ANGLE

Dear Sir:

Transmitted herewith is an Amendment in the above identified application.

- ☒ No additional fee is required.
☐ Small entity status of this application has been established.
☐ Also attached:

The fee has been calculated as shown below:

	NO. OF CLAIMS	HIGHEST PREVIOUSLY PAID FOR	EXTRA CLAIMS	RATE	FEE
Total Claims	14	20	0	x \$ 50 =	\$0
Independent Claims	2	3	0	x \$200 =	\$0
If multiple claims newly presented, add \$360.00					-----
Fee for extension of time					-----
TOTAL FEE DUE					\$0

- ☐ A credit card authorization form in the amount of _____ is attached
- ☒ The Commissioner is hereby authorized to charge payment of any *deficiency* in fees associated with this communication or credit any overpayment, to Deposit Account No. 07-1337, including any filing fees under 37 CFR 1.16 for presentation of extra claims and any patent application processing fees under 37 CFR 1.17.

Respectfully submitted,

LOWE HAUPTMAN & BERNER, LLP

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Date: September 2, 2005CERTIFICATION OF FACSIMILE TRANSMISSION
I HEREBY CERTIFY THAT THIS PAPER IS BEING FACSIMILE TRANSMITTED
TO THE PATENT AND TRADEMARK OFFICE ON THE DATE SHOWN BELOWTYPE OR PRINT NAME OF PERSON SIGNING CERTIFICATION
Kindra Bryant

SIGNATURE

September 2, 2005
DATE571-273-8300
FACSIMILE NUMBER

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In re Application of :
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U.S. Patent Application No. 10/656,122 : Group Art Unit: 2871
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AMENDMENT

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

In response to the Office Action mailed June 2, 2005, the initial period for response to which expires on *September 2, 2005*, please amend the application as follows and consider the remarks set forth below.

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TO THE PATENT AND TRADEMARK OFFICE ON THE DATE SHOWN BELOW

Kindra Bryant
TYPE OR PRINT NAME OF PERSON SIGNING CERTIFICATION

[Signature]
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